PTC/SB/51 (12-97)
Approved for use through 9/30/00. OMB 0551-0033
Petent and Tredemark Office; U.S. DEPARTMENT OF COMMERCE
cond to a collection of information unless it displays a valid OMB control number.

Docket Number (Optional) REISSUE APPLICATION DECLARATION BY THE INVENTOR 569-P-001 As a below named inventor, I hereby declare that: My residence, post office address and citizenship are stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 6,220,555 granted Apr. 24, 2001, and for which a reissue patent is sought on the invention entitled DISPLAY DEVICE the specification of which is attached hereto. as reissue application number was filed on and was amended on (If applicable) I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) by reason of a defective specification or drawing. by reason of the patentee claiming more or less than he had the right to claim in the patent. by reason of other errors. At least one error upon which reissue is based is described as follows: See attached Exhibit A.

[Page 1 of 2]

Burden Hour Statement. This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/51 (12-97)
Approved for use through 9/30/00. OMB 0851-0033
femant Office; U.S. DEPARTMENT OF COMMERCE

Docket Number (Optional) (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2) 569-P-001 All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Registration Number 18.999Howard C. Miskin Gloria Tsui-Yip Correspondence Address: Direct all communications about the application to: Customer Number Code Labe Type Customer Number here OR Firm or Individual Name Address Address City ZIP State Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed. Full name of sole or first inventor (given name, family name) Philip Cru Chase october 18, 2001 Residence Date 8 Heyden Rd. Shokan NY Post Office Address Citizenship 8 Heyden: Rd. Shokan, NY 12481 U.S.A. Full name of second joint inventor (given name, family name) Inventor's signature Date Residence Citizenship Post Office Address Full name of third joint inventor (given name, family name) Date Inventor's signature Residence Citizenship Post Office Address

(Reissue Application Declaration by the Inventor (PTO/SB/51) [17-6.2]—page 2 of 2)

17-40

Additional joint inventors are named on separately numbered sheets attached hereto.





## <u>EXHIBIT A</u>

- 1. The patentee claimed less than he had the right to claim in the following respects:
- Claim 1. The inclusion of the recitation "a hinge being located between the upper panel and the display section" in the claim (column 4, lines 48 & 49);
- Claim 3. The inclusion of the recitation "a hinge between the upper panel and the display section" in the claim (column 5, lines 17 & 18); and
- Claim 6. The inclusion of the recitation "a hinge between the upper panel and the display section" and "the hinge between the base panel and the lower panel being beneath and adjacent the hinge between the upper panel and the display section" (Column 6, lines 9 & 10 and 25-29).

PTO/SB/53 (10-00)
Approved for use through 12/30/2000. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional)	
		569-P-001	
This is part of the application for a reissue patent based on the original patent identified below.			
Name of Patentee(s)  PHILIP CRU CHASE			
Patent Number 6, 2	20,555	Date Pa	atent Issued April 24, 2001
Title of Invention DIS	Title of Invention DISPLAY DEVICE		
1. Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)			
2. Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.			
One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".  The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.			
The assignee(s) owning an undivided interest in said original patent is/are and the assignee(s) consents to the accompanying application for reissue.			
Name of assignee/inventor (if not assigned)  PHILIP CRU CHASE			
Signature Date October 18, 2001			
Typed or printed name and title of person signing for assignee (if assigned)			

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.